



PATENT
450100-03085

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Eiji KAWAI
Serial No. : 09/819,210
For : SALES ACTIVITY MANAGEMENT SYSTEM,
SALES ACTIVITY MANAGEMENT
APPARATUS, AND SALES ACTIVITY
MANAGEMENT METHOD
Filed : March 28, 2001
Examiner : Vig, Naresh
Art Unit : 3629

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745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 4, 2003.

Gordon Kessler, Reg. No. 38,511

(Name of Applicant, Assignee, or Registered Representative)

Gordon Kessler
Signature

December 4, 2003

Date of Signature

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action dated August 4, 2003, please consider the following remarks.

12/10/2003 EAREGAY1 00000067 09819210 ✓

02 FC:1202

36.00 OP



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45100-03085

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Serial No. : 09/819,210
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

745 Fifth Avenue
New York, NY 10151

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	28	Minus	** =26	* 2 x	\$18 (9)	= \$ 36
Independent claims	3	Minus	*** =4	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 36

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one month extension of time. A check covering the cost of the petition is enclosed.
- ☒ Checks in the amounts of \$110.00 and \$36.00 are attached, which covers the cost of a petition for a one month extension of time and additional claims.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Signature

December 4, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Gordon Kessler
Reg. No. 38,511
Tel: 212-588-0800

12/10/2003 EAREGAY1 86000067 09819210

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